

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						10/500,484							
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2	1					52							
3	2					53							
4	2					54							
5	2					55							
6	2					56							
7	2					57							
8	2					58							
9	2					59							
10	2					60							
11	2					61							
12	2					62							
13	2					63							
14	2					64							
15	2					65							
16	2					66							
17	2					67							
18	2					68							
19	1					69							
20	2					70							
21	2					71							
22	2					72							
23	2					73							
24	2					74							
25	2					75							
26	2					76							
27						77							
28						78							
29						79							
30	1					80							
31	1					81							
32	1					82							
33	1					83							
34	1					84							
35	1					85							
36	1					86							
37	1					87							
38	1					88							
39	1					89							
40	1					90							
41	1					91							
42	1					92							
43	1					93							
44	1					94							
45	1					95							
46	1					96							
47	1					97							
48	1					98							
49						99							
50						100							
TOTAL IND.	1	1	1	1	1	TOTAL IND.	1	1	1	1	1	1	
TOTAL DEP.	18	18	18	18	18	TOTAL DEP.	18	18	18	18	18	18	
TOTAL CLAIMS	19	19	19	19	19	TOTAL CLAIMS	19	19	19	19	19	19	